

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – FOREIGN PROPERTY BUSINESS
for the Year Ending December 31, _____

PE-Y

INSTRUCTIONS

PENALTIES: Any Company failing to file its Premium Tax Return (even when no tax is due) or failing to pay such taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner. ANY COMPANY, OTHER THAN A FRATERNAL, FAILING TO ELECTRONICALLY FILE THE ANNUAL STATEMENT WITH THE NAIC ON A TIMELY BASIS SHALL BE SUBJECT TO A PENALTY OF \$250 AND MAY HAVE ITS CERTIFICATE OF AUTHORITY SUSPENDED OR REVOKED. Fraternal shall be subject to a penalty of \$100 per day for each day the Annual Statement is late.

RETURNS POST MARKED BY THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Include two (2) forms of supporting documentation for each credit taken on reverse side.
- () The Alabama Facilities Credit Worksheet must accompany this Return if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Please submit TWO CHECKS: one in payment of Fees, and one in payment of Premium Taxes due the State of Alabama.
- () Please mail the following documents to the address below: Annual Premium Tax Returns, Checks, and the Application for License Renewal. **These items should be mailed together.**

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC# _____

Name of Company

Company's Mailing Address

Preparer's Name and Title (Print)

Telephone Number

E-Mail Address

(Pay License Renewal Fees on Casualty Return PF-Y only)

State of _____ . County of _____

_____, President and _____ Secretary

of the _____ Insurance Company
being duly sworn, each for himself, deposes and says, that they are the above described officers of said Company and that the foregoing statement of business transacted during such year and showing the true status of same on December 31, of such year, is full and correct according to the best of their information, knowledge and belief, respectively.

Subscribed & sworn before me this _____ President

Day of _____, 20 _____ Secretary

My commission expires _____ Notary Public

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
ANNUAL PREMIUM TAX STATEMENT – FOREIGN PROPERTY BUSINESS
for the Year Ending December 31, _____

PE-Y

NAIC# _____

NAME OF COMPANY _____

PREMIUMS less DIVIDENDS & RETURNS

1. ** Property & multi-peril insurance
written in fire protection classes 9 and 10. 9N10-- X 1.0% = \$ _____
2. **Mobile homes and low value dwelling policies
with a face value of \$40,000 or less. MHLD-- X 1.0% = \$ _____
3. All other business
(see instructions for rate) AOB-- X _____ = \$ _____
4. **GROSS PREMIUM TAX DUE:** \$ _____

5. ***DEDUCTIONS:

- | | | | |
|---|----------|-------------------|--|
| a) Ad valorem taxes paid on property owned & occupied as the insurer's principal office in Alabama | \$ _____ | | |
| b) Ad valorem taxes paid on property in Alabama at least 50% occupied by insurer | \$ _____ | | |
| c) Ad valorem taxes paid directly or in the form of rent to a third-party landlord on the insurer's offices in Alabama, apportioned by the square foot area occupied by the insurer | \$ _____ | ADV--- | <input type="text"/>
Total 5a – 5c |
| d) All assessments paid during the year to the Alabama Health Insurance Plan (AHIP) | | AHIP--- | <input type="text"/> |
| e) All examination expenses paid to the Alabama Commissioner of Insurance | | EXAM--- | <input type="text"/> |
| f) 60% of Alabama franchise and privilege taxes paid | | FT--- | <input type="text"/> |
| g) 20% of Guaranty Fund Assessments for each of 5 years following the year of payment | | GFA--- | <input type="text"/> |
| 6. Total Deductions (total of lines 5a – 5g) | | Totaled--- | <input type="text"/> |
| 7. NET PREMIUM TAX DUE BEFORE CAPCO CREDIT (line 4 less 6, if 6 is greater, enter 0) | | | \$ _____ |
| 8. LESS: CAPCO CREDIT *Only certified investors who have been allocated a premium tax credit pursuant to AL code section 40-14B are eligible for this credit. | | | \$ _____ |
| 9. NET PREMIUM TAX DUE AFTER CAPCO CREDIT (line 7 less 8) | | | \$ _____ |
| 10. LESS: Quarterly Premium Tax Payments | | | \$ _____ |
| 11. LESS: Prior Year Overpayment | | | \$ _____ |
| 12. PREMIUM TAX PAID (line 9 less lines 10 and 11) | | PE--- | <input type="text"/> |

**Line items 1 and 2 require supporting documentation. A *policy run*, which can be obtained from the Company's underwriting unit will suffice as documentation.

*** Lines 5a – 5g require *two* forms of documentation. If documentation is not included, the deduction will not be allowed. *All documentation must include a canceled check or verification of an EFT payment. The second form of documentation may include a bill, an assessment, or a tax return.*